

# Promotional items

Solicitation # SCC060018-A1

## Certificate of Insurance

Supplier Name: Fabiano Communications, Inc.

\* draft →  
\* Policies are renewed for one year

Prior to commencing services under this contract, the contractor must furnish the state certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this contract and shall not serve to limit any liabilities or any other contractor obligations.

Name and Address of Insurance Agency	Company Letter	Companies Affording Coverage
Ameriwest Insurance Agency 5111 N Scottsdale RD STE 200 Scottsdale, AZ 85260	A	Hartford Casualty Ins. Co
Name and Address of Insured	B	
Fabiano Communications 7819 E Greenway Road STE 100 Scottsdale, AZ 85260	C	
	D	

LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE	COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	DATE POLICY EXPIRES
Bodily Injury		Comprehensive General Liability Form	59SBALC 7132	7/14/06
--Per Person		Premises Operation	59SBALC 7132	7/14/06
Each Occurrence		Contractual	59SBALC 7132	7/14/06
Property Damage		Independent Contractors	59SBALC 7132	7/14/06
--OR--		Products /Completed Operations Hazard	59SBALC 7132	7/14/06
Bodily Injury		Personal Injury	59SBALC 7132	7/14/06
--AND--		Broad Form Property Damage	59SBALC 7132	7/14/06
Property Damage		Explosion & Collapse (if applicable)	59SBALC 7132	7/14/06
Combined		Underground Hazard (if applicable)	59SBALC 7132	7/14/06
Same as Above		Comprehensive Auto Liability Including Non-Owner (if applicable)	59SBALC 7132	7/14/06
Necessary if underlying is not above minimum		Umbrella Liability		
Statutory Limits		Workmen's Compensation and Employer's Liability	WC 21-86-621-07	9/1/06
		Other		

State of Arizona and the Department named above are added as additional insureds as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the state without thirty (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.

Name and Address of Certificate Holder

Date Issued:

State of Arizona - ADOT; Procurement group  
1739 West Jackson Street  
STE A, MD 100P  
Phoenix, AZ 85251

Authorized Representative

\* Accord Forms have been ordered for new policy period through 7/2007